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INDICATION FORM**

Application Number	10/827,520
Filing Date	4/20/04
First Named Inventor	Charles Bryan Byrd
Title	Method and App. for Ultrasound Image
Art Unit	3737
Examiner Name	
Attorney Docket Number	1002-028

I hereby revoke all previous powers of attorney given in the above-identified application.
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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/00)

SIGNATURE OF Applicant or Assignee of Record

Signature	<i>Charles Bryan Byrd</i>	Date	6/1/04
Name	Charles Bryan Byrd	Telephone	856-753-8533
Title and Company	Vice President, Engineering & Manufacturing, EP MedSystems, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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